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August 28, 2007

Receiver: Central Fax Number/Examiner Lan Vinh
USPTO**TEL #:****FAX #:** 571-273-8300**Sender:** Mary Terry, Patent Secretary for Anna Gavrilova**Our Ref. No.:** NOVLP068**Your Ref:** 10/690,084**Re:** Amendment E**Pages Including Cover Sheet(s):** 16**FAX CONTENTS:**

Fax Cover Sheet – 1 page

Amendment Transmittal – 2 pages

Amendment E – 10 pages

Information Disclosure Statement: 2 pages

Form 1449 – 1 page

MESSAGE:

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AUG 28 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Koos et al.

Attorney Docket No.: NOVLP068/NVLS-2818

Application No.: 10/690,084

Examiner: Vinh, Lan

Filed: October 20, 2003

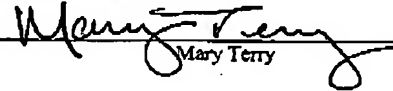
Group: 1765

Title: METHOD FOR FABRICATION OF
SEMICONDUCTOR INTERCONNECT
STRUCTURE WITH REDUCED
CAPACITANCE, LEAKAGE CURRENT, AND
IMPROVED BREAKDOWN VOLTAGE

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted by
facsimile to fax number 571-273-8300 of the U.S. Patent and
Trademark Office on August 28, 2007.

Signed:


Mary Terry
AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	55	MINUS	76	0	x 25 =	x 50 = 0
Independent Claims	7	MINUS	7	0	x 100 =	x 200 = 0
Multiple Dependent Claim Present and Fee Not Previously Paid						
Total					\$	\$0

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the
aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is
determined that such an extension is required, Applicant(s) hereby petition that such an extension
be granted and authorize the Commissioner to charge the required fees for an Extension of Time
under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$ _____ to cover the additional
claim fee and/or extension of time fees.



Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. NOVLP068).

Respectfully submitted,

BEYER WEAVER & THOMAS

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AUG 28 2007

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